



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 2441

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/647,914	08/26/2003	216	1792	114183-20 (P00-0024US3)
<b>RULE</b>				
<b>APPLICANTS</b> Brian K. Aegerter, Kalispell, MT; Curt T. Dundas, Kalispell, MT; Tom L. Ritzdorf, Big Fork, MT; Gary L. Curtis, Loveland, CO; Michael Jolley, Residence Not Provided;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/672,572 09/28/2000 PAT 6,632,292 which is a CIP of 09/437,926 11/10/1999 PAT 6,413,436 which is a CON of PCT/US99/05674 03/15/1999 which claims benefit of 60/117,474 01/27/1999 and said 09/672,572 09/28/2000 is a CIP of 09/437,711 11/10/1999 PAT 6,423,642 which is a CIP of PCT/US99/05676 03/15/1999 which claims benefit of 60/116,750 01/22/1999 and is a CIP of 09/041,649 03/13/1998 PAT 6,318,385 and is a CIP of 09/113,435 07/10/1998 PAT 6,264,752 which is a CIP of 09/041,901 03/13/1998 PAT 6,350,319				
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/18/2003				
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /NICOLE R BLAN/ Examiner's Signature	<input type="checkbox"/> Met after Allowance NB Initials	<b>STATE OR COUNTRY</b> MT	<b>SHEETS DRAWINGS</b> 28
			<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> Rockey, Depke, Lyons & Kitzinger, LLC 233 South Wacker Drive Suite 5450 Chicago, IL 60606 UNITED STATES				
<b>TITLE</b> Selective treatment of microelectronic workpiece surfaces				
<b>FILING FEE RECEIVED</b> 2248	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____	

☐ Credit